



## DECLARATION OF POWER OF ATTORNEY FOR PATENT APPLICATION

Docket Number: 1572-004

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

"METHOD AND APPARATUS FOR SECURING AND AUTHENTICATING ENCODED DOCUMENT AND DATA", the specification of which is attached

- hereto unless the following is checked:

\_\_\_\_\_ was filed on \_\_\_\_\_ as United States Application Number or PCT International Application Number  
\_\_\_\_\_ and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

## Prior Foreign Application(s)

Priority Claimed

_____	_____	_____	Yes	No
(Number)	(Country)	(Day/Month/Year Filed)		
_____	_____	_____	Yes	No
(Number)	(Country)	(Day/Month/Year Filed)		

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

_____	_____	_____
(Application Number)	(Filing Date)	(Status - patented, pending, abandoned)
_____	_____	_____
(Application Number)	(Filing Date)	(Status - patented, pending, abandoned)

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the U.S. Patent and Trademark Office connected therewith: Freling E. Baker, Reg. #24,078; Lawrence A. Maxham, Reg. #24,483; Michael H. Jester, Reg. #28,022; Terrance A. Meador, Reg. #30,298; Walter W. Duft, Reg. #31,948; David A. Hall, Reg. #32,233; Reg. #36,634; Dan L. Hubert, Reg. #32,233; Bruce W. Greenhaus, Reg. #37,339; James D. McFarland, Reg. #32,544; Donald L. Wensky, Reg. #32,661; Ervin F. Johnston, Reg. #20,190; and John C. Lambertsen, Reg. #29,400. Address all telephone calls to Bruce W. Greenhaus at Telephone No. (619) 233-9004 and address all correspondence to Bruce W. Greenhaus, BAKER, MAXHAM, JESTER & MEADOR, 750 "B" Street, Suite 3100, San Diego, California 92101.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor (given name, family name) Robert MosInventor's signature [Signature]Date 2/13/96Residence 2637 Mission Blvd. San Diego, CA 92109Citizenship U.S.A.Post Office Address 2637 Mission Blvd. San Diego, CA 92109Full name of second joint inventor, if any (given name, family name) Clay Von MuellerInventor's signature [Signature]Date 2/13/96Residence 804 Anacapa Ct., San Diego, CA 92109Citizenship U.S.A.

Post Office Address \_\_\_\_\_

☒ Additional inventors are being named on separately numbered sheets attached hereto.

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Full name of third joint inventor, if any (given name, family name) Denise Jefferys  
Inventor's signature *Denise Jefferys* Date 2/13/96  
Residence 2637 Mission Blvd, San Diego, CA Citizenship U.S.A.  
Post Office Address 92109

Full name of fourth joint inventor, if any (given name, family name) \_\_\_\_\_  
Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_  
Residence \_\_\_\_\_ Citizenship \_\_\_\_\_  
Post Office Address \_\_\_\_\_

Full name of fifth joint inventor, if any (given name, family name) \_\_\_\_\_  
Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_  
Residence \_\_\_\_\_ Citizenship \_\_\_\_\_  
Post Office Address \_\_\_\_\_

Full name of sixth joint inventor, if any (given name, family name) \_\_\_\_\_  
Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_  
Residence \_\_\_\_\_ Citizenship \_\_\_\_\_  
Post Office Address \_\_\_\_\_

Full name of seventh joint inventor, if any (given name, family name) \_\_\_\_\_  
Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_  
Residence \_\_\_\_\_ Citizenship \_\_\_\_\_  
Post Office Address \_\_\_\_\_

Full name of eighth joint inventor, if any (given name, family name) \_\_\_\_\_  
Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_  
Residence \_\_\_\_\_ Citizenship \_\_\_\_\_  
Post Office Address \_\_\_\_\_

Full name of ninth joint inventor, if any (given name, family name) \_\_\_\_\_  
Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_  
Residence \_\_\_\_\_ Citizenship \_\_\_\_\_  
Post Office Address \_\_\_\_\_

Full name of tenth joint inventor, if any (given name, family name) \_\_\_\_\_  
Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_  
Residence \_\_\_\_\_ Citizenship \_\_\_\_\_  
Post Office Address \_\_\_\_\_

Full name of eleventh joint inventor, if any (given name, family name) \_\_\_\_\_  
Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_  
Residence \_\_\_\_\_ Citizenship \_\_\_\_\_  
Post Office Address \_\_\_\_\_

Full name of twelfth joint inventor, if any (given name, family name) \_\_\_\_\_  
Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_  
Residence \_\_\_\_\_ Citizenship \_\_\_\_\_  
Post Office Address \_\_\_\_\_